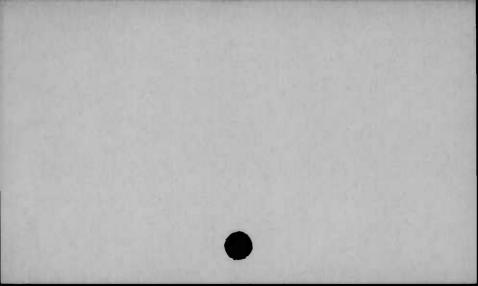
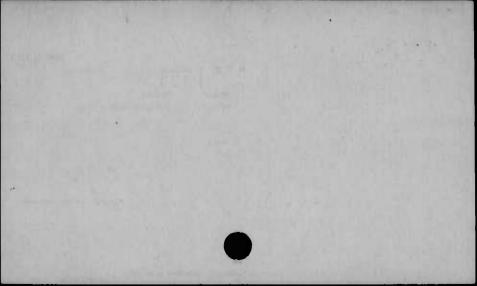
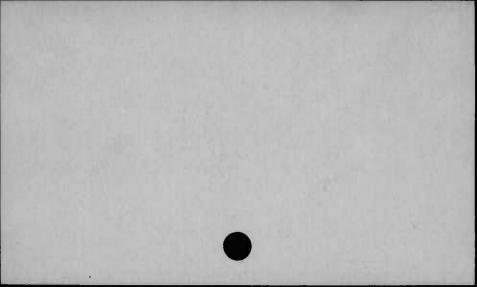
Name in Full Dawiel Wester Cambridge MARYLAND Date 189 8 Female_ Colored Single Number of children living Husband Wife Name How long sick Cause of Primary Death Accident, Suicide, Homicide Reported by Democras & News y Rug 27 16/88 Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



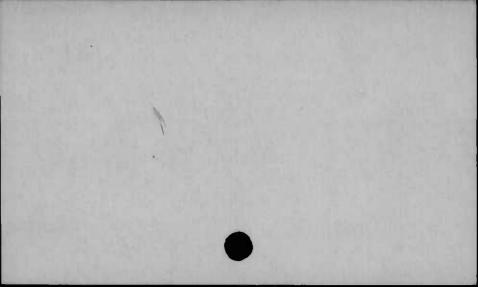
Name in Full Certificate of Death ell C B cornett Native of Occupation Married Widower Number of children living Husband Mother's Father's Name Name Primary Hemiplegia 42 Immediato Septicalmia (gangrene) How long sick Accident Suicide Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, ESDOR



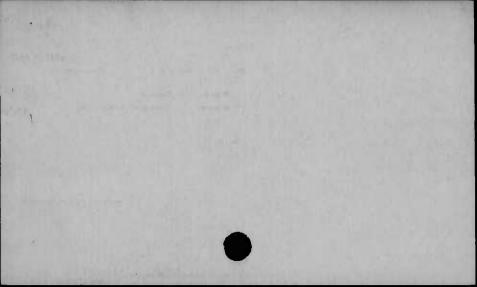
Name in Full Certificate of Death 131-County Died at hear MARYLAND Arrehectes Date 189 8 Married Divorced Male Famale Golored Single Widower Number of children living Husband Wife Father's Mother's How long sick Cause of 8 day Death Accident Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



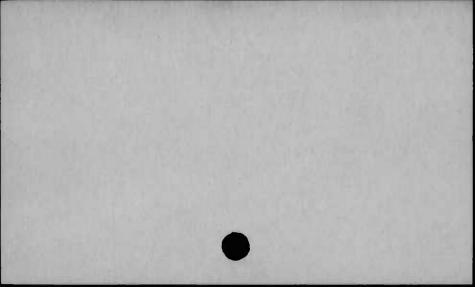
Name in Full Certificate of Death Laura Virginia Cephas aus Widower Number of children living Colored Charles Cephas Martin L. Stinnersame A Father's Primary Typhord fever 1 Immediate Over feeding Accident, Suicide, Homicide Gustavus a. Hacfner m.d. Surfack Dorchester bo. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968



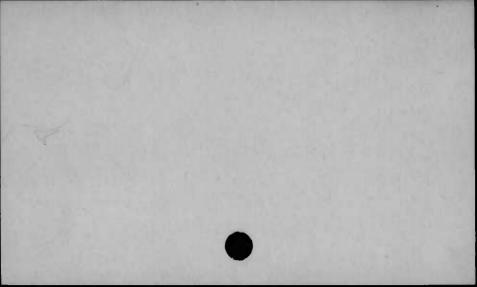
Name in Full MARYLAND Female Number of children liver Father's How long sick Death Immediate Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, BEORG

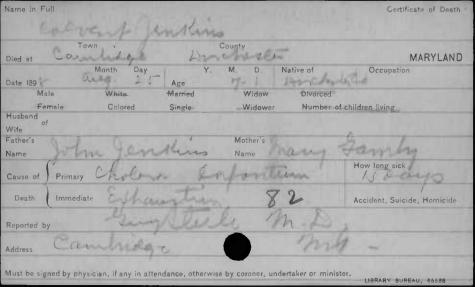


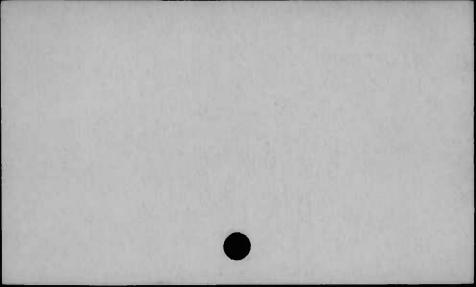
Name in Full Certificate of Death Summer Date 189 Married Newsbar & shildren living Wife Richard I. Dumen (Name Emma a Name How long sick futatinal hemmhoge Accident, Suicide, Homicide Tuy Stule Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65968

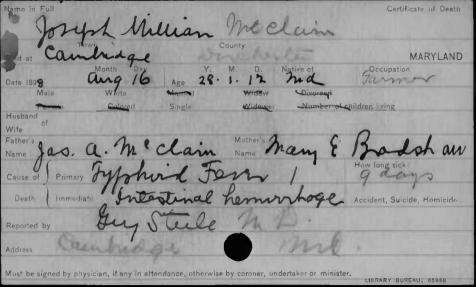


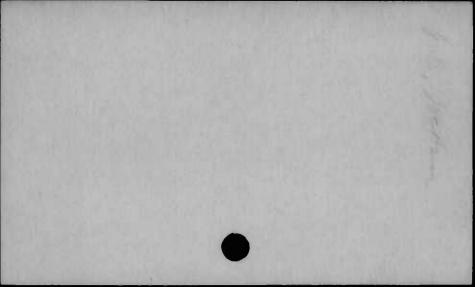
Name in Full	• ,	1.71			Certificate of Death
,60	durard	(Aa)	rden		
Died at Gar	noudo	1	County Docc	hester-	MARYLAND
Date 189 A F	Month Day	Y. Age	M. D. N	lative of	Occupation
Male	White	Married	Widow	Divorced	
Husband of Wife	Colored	Single	Widower	Number of ch	ildren living
Father's			Mother's		
Name			Name		
Cause of Primary					How long sick
Death (Immediate	•		P		Accident, Suicide, Homicide
Reported by	Dorche	ster a	Hand	ard c	lug. 27
Address					
Must be signed by physi	cian, if any in att	endance, otherwis	se by coroner, unde	rtaker or minister.	LIBRARY BURFAU. 65968



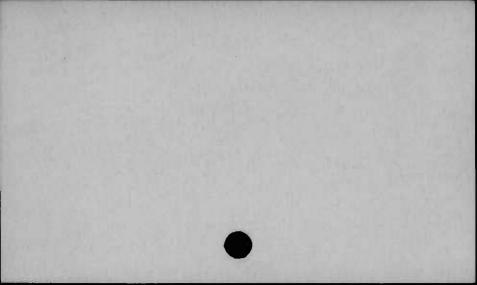




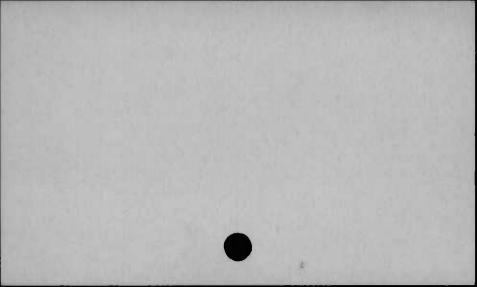




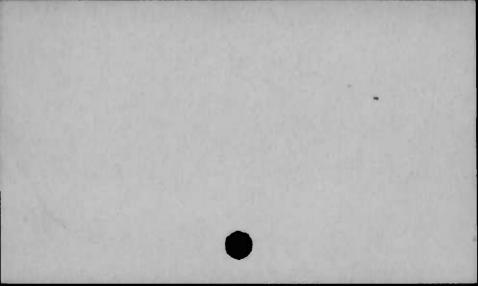
Certificate of Death MARYLAND Died at Day Month M. Date 189 Male Wnite Married Widow Divorced Female Single Widows Number of children living Wife Father's Mother's Name Name How long sick Cause of Primary Death Immediate Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 68958

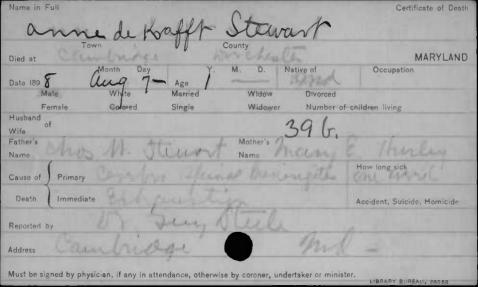


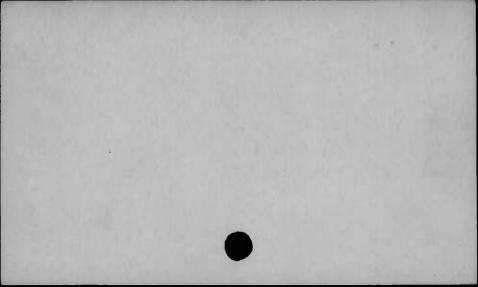
Name in Full I funt child Charles Paul MARYLAND Occupation Number of children living Husband Wife Paul Mother's Ly dia Paul Father's Primary Gash - Entene houle + marusmas Sund recks Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 85988



Name in Full Certificate of Death Native of Occupation Date 189 8 Divorced Female Culored Single Widower Number of children have Husband Wife Father's How long sick Cause of Death Accident, Suicide, Homicide Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, EBOSR

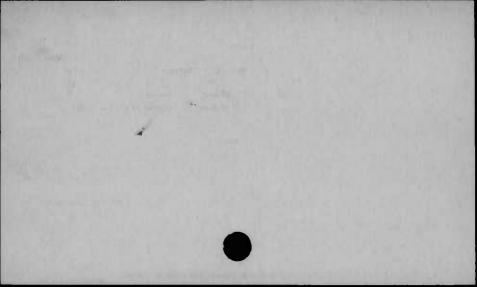






Name in Full Certificate of Death County Died at Occupation M. Native of Day Date 189 Widow Mala White Female Colored Widowar Number of children living Husband Wife Father's Mother's Name Name How long sick Primary Cause of Death **Immediate** Accident, Suicide, Homicide Reported by Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BURFAU, REGER

Name in Full Certificate of Death ames Creighton Forth Number of obildan Death **Immediate** Commendary D88. Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, GEORG



Name in Full Certificate of Death Occupation Date 189 8 Colored Single Widower Number of children living Husband Wife Mother's Father's How long sick Cause of Death Accident, Suicide, Homicide Address Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. LIBRARY BUREAU, 65965

